

Fill in this Information to identify the case:			
Debtor 1	Carlos O Moyeno	U.S. BANKRUPTCY COURT FILED NEWARK, NJ	
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey (State)			
Case number: 15-17588-VFP			

2022 JUN -6 A 10:41  
JEANNE A. NAUGHTON  
BY: *[Signature]*  
DEPUTY CLERK

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 10,704.89
Claimant's Name:	Johnson Investigations
Claimant's Current Mailing Address, Telephone Number, and Email Address:	57 South Main St. Suite 359 Neptune, NJ 07753-5032  Phone number: (732) 895-6065 Email address: johnsoninvestigations3@gmail.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**4. Notice to United States Attorney**

- Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of New Jersey  
Peter Rodino Federal Building  
970 Broad Street, Suite 700  
Newark, New Jersey 07102

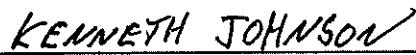
**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: June 3, 2022



Signature of Applicant



Printed Name of Applicant

Address: 57 South Main St. Suite 359

Neptune, NJ 07753-5032

Telephone: (732) 895-6065

Email: johnsoninvestigations3@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_